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APPLICA"

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(Depositor's name)	N. Brown	Shemekia N	D, CA 94111-3834	CANCISCO
(Signature)		,02/ 45708		
(Dute)		AL		
CONFIRMATION NO.	ATTORNEY DOCKET NO.	FIRST NAMED INVENTOR	FILING DATE	TION NO.

10/789,948 02/26/2004 Brian N. Pierce 022122-000410119 THE OF INVENTION: DISINFECTION, DESTRUCTION OF NEOPLASTIC GROWTH, AND STERILIZATION BY DIFFERENTIAL ABSORPTION

HELECTROMAGNETIC ENERGY STV8

APPLN TYPE SMALL ENTITY ISSUE FEE DUR PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 02/21/2008 EXAMINER ART UNIT CLASS-SUBCLASS JOHNSON III, HENRY M 3739 606-009000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Townsend and Townsend and (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Crew LLP.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

3 M. Henry Heines

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3: ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PERASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for perfected and assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(I)(A) NAME OF ASSIGNEE

Advance Order - # of Copies 12

Advanced Light Technologies, LLC Chico, CALIFORNIA

se check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🛭 Corporation or other private group entity 📮 Government

The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Dublication Fee (No small entity discount permitted)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Typed or printed name M. Henry Heines

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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28,219 Registration No.

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